



STATE OF IOWA

CHESTER J. CULVER, GOVERNOR
PATTY JUDGE, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
KEVIN W. CONCANNON, DIRECTOR

INFORMATIONAL LETTER NO. 738

DATE: August 13, 2008

TO: All Iowa Medicaid Providers

FROM: Iowa Department of Human Services, Iowa Medicaid Enterprise

RE: Revised Credit/Adjustment Request Form

EFFECTIVE: **October 1, 2008**

This letter is to introduce a revised Credit/ Adjustment Request Form to all Medicaid providers. The form contains several revisions designed to make it simpler for providers to complete and the IME to process. The Credit/Adjustment Request Form is the form used by providers to request that claims paid by Medicaid be changed (adjusted) or taken back completely (credited).

Credit/Adjustment Request forms are used to notify the IME to take an action against a paid claim, examples include:

- A paid claim amount needs to be changed
- The number of billed units need to be corrected
- The dates of services needs to be changed
- Money needs to be credited back

Each section of the form that applies to the situation must be completed. If a Claim Adjustment is requested, then either a corrected claim or the remittance advice with corrections noted must be attached to the form. If a Claim Credit is requested, then the remittance advice must be attached to the form. In both instances Sections B and C of the Credit/Adjustment Request form must be completed.

All providers enrolled with Iowa Medicaid who use the Credit/ Adjustment Request Form, 470-0040 (Rev. 8/08) **must begin using the revised form as of October 1, 2008**, but are encouraged to switch to the new form immediately.

Reminders when using the Credit/Adjustment Request Form:

- Must use blue or black ink
- Form must be filled out completely
- A remittance advice with corrections *or* a completed corrected claim form must be attached. If attaching a claim form you **must** include all lines for payment, not just the corrections.
- Do not use the Credit/Adjustment Request Form when a claim has been denied. Denied claims must be resubmitted to PO Box 150001.
- Requests for adjustments on paid claims will not be processed if more than one year has elapsed between the claim's date of payment and the date the IME receives the adjustment request.
- If a claim is credited due to an incorrect date of service, a new claim must be submitted.
- If a claim has been recouped, do not send a refund check.
- The adjustment form and claim form must include NPI numbers only, or the request will be returned to the provider

The revised Credit/ Adjustment Request form #470-0040 (Rev.8/08) can be downloaded from the IME website at <http://www.ime.state.ia.us/Providers/Forms.html>

Mail completed Credit/Adjustment Request forms to:

IME Provider Services
PO Box 36450
Des Moines, IA 50315

The IME appreciates your partnership as we work together to serve the needs of the Iowa Medicaid members. If you have any questions, please contact IME Provider Services at 1-800-338-7909 or locally (in Des Moines) at 725-1004. You can also contact IME by e-mail at: imeproviders@dhs.state.ia.us.